

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION		69055	1-12-01
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	32	1/12/01
FORMALITY REVIEW		69055	1-12-01
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	69055	3-19-01

INDEX OF CLAIMS

- ✓ ..... Rejected
- = ..... Allowed
- (Through numeral)... Canceled
- + ..... Restricted
- N ..... Non-elected
- I ..... Interference
- A ..... Appeal
- O ..... Objected

Claim	Final	Original	Date
1	✓	✓	6/12/02
2	✓	✓	12/14/02
3	✓	✓	2/21/03
4	✓	✓	11/11/03
5	✓	✓	0
6	✓	✓	0
7	✓	✓	0
8	✓	✓	0
9	✓	✓	0
10	✓	✓	0
11	✓	✓	0
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13	✓	✓	0
14	✓	✓	0
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49	✓	✓	0
50	✓	✓	0

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet her

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